

P/7 0000 89529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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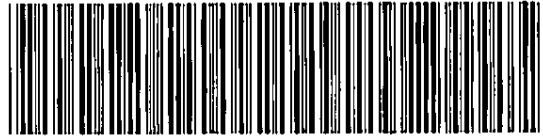
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

J REYES
NOV 27 2017

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

739 B. N.W. 5th Avenue
Ft Lauderdale, FL 33311
October 31, 2017

SUBJECT: Lathon Towing & Auto Repair Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Annett Miller
Name (Printed or typed)

952 S.W. 74th Avenue
Address

North Lauderdale, FL 33068
City, State & Zip

954-401-3096
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Lathon Towing & Auto Repair Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

739 B. NW 5th Avenue

Same

Ft Lauderdale, FL 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any act or activity
for which corporations maybe organized under the laws
of the United States and the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: One Hundred (100) Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Annett Miller P.O.

Name and Title: _____

Address 952 SW 74th Avenue

Address: _____

North Lauderdale,

FL 33068

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
FLORIDA

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

RANDALL DICKS

Address:

102 MARION RD
WEST PALM FL 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Annett Miller

Address:

952 SW 74th Avenue
North Lauderdale, FL 33068

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11-02-2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

R Dicks

Required Signature/Registered Agent

10/31/2017

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Annett Miller

Required Signature/Incorporator

10/31/2017

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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